

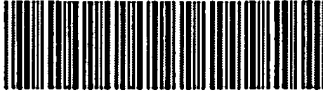
09/998,080


**\*RETURN TO FMF - LOCATION 7540** *Pre-Edit*

QUERY CONTROL FORM		<del>RTIS USE ONLY</del>	
Application No. <u>910/998080</u>	Prepared by <u>BRS</u>	<del>Tracking Number</del>	
Examiner-GAU <u>Wau-2818</u>	Date <u>5-4-04</u>	<del>Week Date</del>	
No. of queries <u>1</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">CP</span>			

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

<b>SPECIFICATION</b> a. Page Missing b. Text Continuity c. Holes through Data d. Other Missing Text e. Illegible Text f. Duplicate Text g. Brief Description h. Sequence Listing i. Appendix j. Amendments k. Other  <b>CLAIMS</b> a. Claim(s) Missing b. Improper Dependency c. Duplicate Numbers d. Incorrect Numbering e. Index Disagrees f. Punctuation g. Amendments h. Bracketing i. Missing Text j. Duplicate Text k. Other	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <b>MESSAGE</b> <i>Improper Dependency: The following amended claims have improper dependencies 18, 19, 20, 21, 22, 23, 24, 32, 33, 37, 38 and 39. Please resolve.</i> </div> <div style="text-align: center; margin-bottom: 10px;"> <i>Thanks</i> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <b>RESPONSE</b> <i>Index of Claims corrected.</i> </div> <div style="text-align: right; margin-bottom: 10px;"> initials <u>BRS</u> </div> <div style="text-align: right;"> initials <u>DGO</u> </div>
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<b>Issue Classification</b> 	Application No.	Applicant(s)	
	09/998,080	CUOMO ET AL.	
	Examiner	Art Unit	
	David Nhu	2818	

ISSUE CLASSIFICATION											
ORIGINAL					CROSS REFERENCE(S)						
CLASS		SUBCLASS			CLASS		SUBCLASS (ONE SUBCLASS PER BLOCK)				
438		604			438		604				
INTERNATIONAL CLASSIFICATION					438		775				
H	O	I	L	21/28							
H	O	I	L	21/3205							
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				/							
(Assistant Examiner) (Date)					<div style="text-align: center;">   <b>David Nhu 2/19/04</b>          (Primary Examiner) (Date)       </div>					Total Claims Allowed: 49  O.G. Print Claim(s) 1	O.G. Print Fig. 6.17

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	①		31	44	61		121
2	2	42	32	41	62		122
3	3	43	33	46	63		123
4	4	44	34	47	64		124
5	5	45	35	48	65		125
6	6	46	36	49	66		126
7	7	27	37	67	67		127
8	8	28	38		68		128
9	9	29	39		69		129
10	10	30	40		70		130
11	11	31	41		71		131
12	12	32	42		72		132
13	13		43		73		133
14	14		44		74		134
15	15		45		75		135
16	16		46		76		136
17	17		47		77		137
18	18		48		78		138
19	19		49		79		139
20	20		50		80		140
21	21		51		81		141
22	22		52		82		142
23	23		53		83		143
24	24		54		84		144
25	25		55		85		145
26	26		56		86		146
	27	17	57		87		147
	28	18	58		88		148
	29	19	59		89		149
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